

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		7-26-01
O.I.P.E. CLASSIFIER		43	8/2/01
FORMALITY REVIEW	BM	1073	9/7/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/27/01
2	✓	✓	7/27/01
3	✓	✓	7/27/01
4	✓	✓	7/27/01
5	✓	✓	7/27/01
6	0	0	
7	0	0	
8	✓	✓	7/27/01
9	0	0	
10	0	0	
11	0	0	
12	0	0	
13	✓	✓	7/27/01
14	0	0	
15	0	0	
16	0	0	
17	✓	✓	7/27/01
18	✓	✓	7/27/01
19	✓	✓	7/27/01
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25	✓	✓	7/27/01
26	✓	✓	7/27/01
27	✓	✓	7/27/01
28	✓	✓	7/27/01
29	✓	✓	7/27/01
30	✓	✓	7/27/01
31	0	0	
32	✓	✓	7/27/01
33	✓	✓	7/27/01
34	✓	✓	7/27/01
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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